United Nations E/ICEF/2004/P/L.2

Economic and Social Council

Distr.: Limited
8 April 2004*

Original: English

For action

United Nations Children's Fund
Executive Board
Annual session 2004
7-11 June 2004
Item 4 of the provisional agenda**

Draft country programme document***

Burundi

Summary

The Executive Director presents the draft country programme document for Burundi for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $10,908,000 from regular resources, subject to the availability of funds, and $27,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2007.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

04-30486 (E) 280404

Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	3.6
U5MR (per 1,000 live births)	190
Underweight (% moderate and severe, 2000)	45
Maternal mortality ratio (per 100,000 live births, 2000)	1 000
Primary school enrolment(% net, male/female, 2003)	63/50
Primary schoolchildren reaching grade 5 (%, 2000)	80
Use of improved drinking water sources (%, 2000)	78
Adult HIV prevalence rate (%)	3.6
Child work (%, children 5-14 years old, 2000)	24
GNI per capita (US$)	100
One-year-olds immunized against DPT3 (%)	74
One-year-olds immunized against measles (%)	75

Situation of children and women

1. Burundi has a population of 7.2 million, half of whom are children. Burundi ranks 171 out of 175 countries in the 2003 Human Development Index. More than 58 per cent of the population lives on less than $1 a day and almost 90 per cent on less than $2 a day. In 2002, the estimated economic growth rate of 2 per cent in real terms was less that the estimated 3 per cent of population growth. The gross domestic product fell from $1.2 billion in 1991 to $0.69 billion in 2001.

2. Civil war since 1993 has resulted in the loss of hundreds of thousands of lives and the destruction of social networks, infrastructure and basic social services. An increasingly vulnerable population has insufficient access to safe drinking water, food, education and health services. Over 17 per cent of the population is either displaced or living as refugees. Life expectancy fell from around 54 years to just under 41 years between 1992 and 2001.

3. The Arusha Peace Accord was signed in 2000. Continued international and regional support, including from the United Nations and the African Union, assisted in producing a power-sharing agreement among rival factions. A Global Cease-fire Agreement was signed in November 2003, a joint Army command was established in January 2004, most hostilities have ceased and elections are scheduled for October 2004. Negotiations have started with one rebel group, the Forces for National Liberation, or FNL, that remains outside the peace process and presents an ongoing threat to the stability of the Arusha Accord.

4. In this transition stage, Burundi faces major humanitarian, economic and social challenges. The Transition Government is committed to promoting stability, peace and sustainable development. It produced an Interim Poverty Reduction Strategy Paper (I-PRSP) and participated in developing a draft Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF). Based on the CCA, analysis and priorities expressed in the I-PRSP and UNDAF, the main areas of concern for the country programme 2005-2007 include: education,

health/nutrition, HIV/AIDS and youth, protection, water and environmental sanitation (WES), and communication, with an intersectoral emergency component.

5. Approximately 20 per cent of children die before the age of five, primarily because of malaria, diarrhoea, pneumonia, malnutrition and HIV/AIDS, according to the Ministry of Health. Frequent epidemics occur of malaria, meningitis, typhus and cholera. The past decade has seen a strong downward trend in most social indicators. The number of malaria cases reported to the Ministry of Health, for example, rose from 0.5 million in 1990 to over 3 million a year in 2000. The CCA indicated that access to safe drinking water in rural areas had decreased from 55 per cent in 1992 to 43 per cent in 2002. The current measles vaccination coverage is 75 per cent, and for DPT3 it is 74 per cent.

6. Education is neither mandatory nor free. Mobilization campaigns increased primary net enrolment from 26 per cent (1995) to 56 per cent (2003), with 13 per cent more boys than girls enrolled. Many schoolchildren are over age: only 38 per cent of children enter school at school-entry age. School drop-out rates are high in the initial grades, and a third of children repeat at least one grade, according to 2003 statistics from the Ministry of Education. School infrastructure is inadequate, pupil-teacher ratios are very high, textbooks and educational materials are almost non-existent. Over 1 million adolescents receive no form of education, training or lifeskills education.

7. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), in 2001, 55,000 children under 15 were living with HIV/AIDS, 40,000 people had died of AIDS, and an estimated 237,000 children were living as orphans. Seroprevalence nationwide (among those aged 15 and older) is 3.6 per cent, 9.4 per cent in urban areas, and 10.4 per cent in semi-urban and 2.5 per cent in rural areas. Sexual activity begins at an early age and is mostly unprotected, due to lack of information and services.

8. The conflict in Burundi has led to serious violations of child rights, including recruitment of an estimated 7,000 children; rape; child prostitution; exploitation of the estimated 654,500 working children on plantations, construction, and mining; the orphaning of 620,000 children; exposure to landmines; and internal displacement, including the displacement of more than 281,000 people in 226 permanent internally displaced persons (IDP) camps, and 120,000 people displaced temporarily each month in 2003 alone. Sexual and gender-based violence has also increased as a result of the war.

9. Major root causes of the non-fulfilment of responsibilities towards children are the following: the degeneration of most social services and infrastructure during the war; a lack of qualified personnel capable of providing and managing quality basic services; and the high mobility of large segments of the population, who as a result have limited access to social services. Making matters worse is the fact that budget provision for social services is grossly inadequate. Structural causes, largely due to the war, include the erosion of national institutions and the subsequent shortage of national policies, programmes and legal instruments and their enforcement. Moreover, a lack of continuity experienced by regional and local authorities has led to poor governance. The Transitional Government recently established faces these constraints.

10. The population is largely impoverished and uninformed about their rights. Poverty and lack of awareness about rights is linked with the country's low literacy rate, which is 46 per cent — 37 per cent for women and 55 per cent for men — according to 2002 figures of the National Statistics Service. In addition, traditional livelihood structures have been eroded, and this erosion has contributed to an increase in absolute poverty. Not only is there low awareness about rights but in many cases, cultural norms, as influenced by prevailing community knowledge, attitudes and practices, directly impact on the abrogation of the rights of children, especially girls. Girls face problems such as early marriages, health-related problems such as risky pregnancies, low school enrolment and sexual and gender-based violence.

11. In 2000, among other measures, the Committee on the Rights of the Child recommended that the country take these actions: develop policies, programmes and services that guarantee all children's rights to life, survival and development; increase budget allocations to the social sectors; promote equal access to formal education; and extend current efforts to promote awareness and prevention of HIV/AIDS.

12. The Committee on the Elimination of Discrimination against Women recommended in 2001 that the country adopt these measures: increase efforts to include women in national reconciliation and peace-building initiatives; provide post-trauma counselling for women victims of sexual and gender-based violence; improve girls' access to education; and prevent school drop-out.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

13. Several key results were achieved in child survival. In 2002, the Ministry of Health and UNICEF conducted a nationwide measles and polio vaccination campaign, complemented by vitamin A distribution, that resulted in coverage of 90 per cent.

14. Gains were also made in fighting malaria and malnutrition. During 2002 and 2003, UNICEF supported the distribution of 335,500 insecticide-treated nets (ITNs) to under-fives and pregnant women. Also in 2003, UNICEF provided the Government with technical assistance to launch a new malaria treatment, which included assistance for drug procurement, stock management, communication materials development and social mobilization. The World Health Organization (WHO) complemented this support with staff training, and Doctors Without Borders helped operationalize treatment. Funding was provided by the United States Agency for International Development (USAID), the Office of United States Foreign Disaster Assistance, the European Commission Humanitarian Office and the Belgian Cooperation. As a result of this joint effort, 2.2 million people were treated.

15. In the nutrition sector, UNICEF supported coordination among the Ministry of Health, the World Food Programme (WFP) and the Food and Agriculture Organization (FAO) and 13 non-governmental organizations (NGOs). This coordination enabled the recuperation of 37,000 moderately and severely

malnourished children and women per month. The average recovery rate was over 85 per cent and the mortality rate under 5 per cent.

16. Another area where significant results were achieved was child protection. Advocacy and technical assistance raised the attention given child rights and protection in the national agenda, including through national consultations, in the CCA, the I-PRSP, and the Consolidated Appeals Process (CAP). Child protection structures were established within two Government departments and among numerous NGOs for several key activities relating to CRC reporting, mine-risk education, family reunification of separated children, and child soldiers, 400 of whom had been demobilized by March 2004. In addition, 800 community-resident mobilizers in four provinces were identified and trained in community care of children without primary caregivers. Provisions were made for extending this strategy nationwide.

Lessons learned

17. The application of the human rights-based approach to programming yielded some important lessons. At the provincial and community level, this approach was implemented through committees established for education, hygiene, vaccination, HIV/AIDS and child protection. This strategy contributed to raising awareness about human rights and discrimination against vulnerable groups. It also reinforced the emphasis given to increasing the participation of communities, especially young people and other vulnerable groups, in programme planning and implementation. The human rights-based approach was particularly effective for HIV/AIDS, with the approval incorporated into provincial and communal action plans developed in seven provinces. Nationwide youth consultations inspired the integration of youth-centred activities on HIV/AIDS within the programme. This approach was adopted by the National Committee against HIV/AIDS (CNLS) for activities at national level. However, taking the approach to scale has proved difficult. Few partners have the experience and training to act as facilitators. Ongoing capacity-building of facilitators, especially in communities, is crucial to the success of this strategy and to its extension.

18. In order to meet its commitments as laid out in the Core Corporate Commitments (CCCs) within the context of a country where emergencies are frequently related to security problems and poor access to populations, UNICEF has had to adapt its approach to emergency management. A rolling programme of implementation and maintenance of decentralized contingency plans and emergency stores is being developed by UNICEF in the most war-affected provinces in the country. Each plan outlines the roles and responsibilities of each actor in the province when an emergency occurs. The dimension and duration of the emergencies that each province will be able to manage is defined by the partners, based upon their capacity. An emergency stock is established with one of the key partners in the province to facilitate assess to the most vulnerable populations. Finally, to ensure that partners who have decided to work in certain domains of emergency response are equipped and skilled to do so, UNICEF organizes training sessions with the partners on Emergency Preparedness and Response.

Country Programme, 2005-2007

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Education	2 172	6 300	8 472
Health and nutrition	2 064	6 000	8 064
HIV/AIDS and youth	1 485	3 900	5 385
Protection	1 050	3 600	4 650
WES	1 050	3 450	4 500
Communication	906	1 500	2 406
Cross-sectoral costs	2 181	2 250	4 431
Total	**10 908**	**27 000**	**37 908**

Preparation process

19. The country programme is the result of a consultative process, from the community level to the national level, using a human rights-based approach to programming. It is based on the CCA analysis and on evaluations of projects and programmes, and is linked to the priorities of the I-PRSP and the draft UNDAF. This process involved all Government sectoral Ministries, United Nations agencies, multilateral and bilateral agencies, NGOs, donors and civil society associations, with support also provided by the UNICEF Regional Office. Strategic workshops were held on the cross-sectoral issues of emergency, protection, youth development and HIV/AIDS. Nationwide youth consultations and discussions with women's groups were complemented by community input from consultations in five communes (municipalities). Based on this, a Strategy Paper was developed and adopted at a Strategy Meeting with partners in February 2004. This paper formed the basis of the country programme.

Goals, key results and strategies

20. In the context of achievement of the Millennium Development Goals and the medium-term strategic plan (MTSP) targets, the country programme aims to contribute to the national goal of creating a protective environment conducive to the respect, protection and fulfilment of the rights of children and women. This is to take place in a framework of peace-building, reconstruction and development.

Key results

21. Key expected results include a contribution to: a) an increase of 14 per cent in the primary school net enrolment rate, a decrease of 8 per cent in repetition and a decrease from 13 per cent to 7 per cent in the gender gap in net enrolment; b) a reduction of 33 per cent in under-five childhood mortality, a reduction of 33 per cent in maternal mortality and an increase of 12 per cent (from 43 per cent to 55 per cent) in access to safe drinking water; c) increased knowledge about HIV/AIDS and its modes of transmission among 90 per cent of youths 15 to 24 years old, reduced-

risk practices among 30 per cent of youths and a reduction of 15 per cent in mother-to-child transmission of HIV; and d) an improved protective environment against violence, exploitation, discrimination, abuse and neglect, with efforts including the reintegration of 7,000 child soldiers.

22. An environmental impact assessment screening will be carried out on all programmes during the preparation of the Country Programme Action Plan.

Strategies

23. The overarching country programme strategy is to use the human rights-based approach to programming to address non-fulfilment of duties and responsibilities towards children. This will include the duties and responsibilities of Government, civil society, communities and families. The second overarching strategy is to contribute to peace and reconciliation, including bringing the large youth segment of the population into the development process and integrating gender equality and other issues into all activities and programmes. UNICEF will play both a normative and operational role, using a human rights-based approach in planning and implementing long-term interventions. These interventions will focus on improving quality, developing effective systems and ensuring community participation in all stages of programming. Emergency Preparedness and Response will continue to be mainstreamed throughout the programme to maintain life-saving operational capacity and response during the transition period.

24. Operational strategies include: (a) advocacy to maintain child rights high on the agenda, integrated within the Poverty Reduction Strategy Paper (PRSP) development, implementation and monitoring, and ensuring Government accountability; (b) a dual approach of Government capacity- reinforcement, particularly at decentralized levels, for programme development and implementation, combined with support for NGOs and community-based organizations (CBOs) as primary implementing agencies during the transition period; (c) initiation of innovative pilot projects and strategies to develop models for wide-scale replication; (d) use of intersectoral communication strategies to enable the realization of rights, applying the rights-based approach to programming with a focus on community capacity development; (e) promotion of the participation of children, youth and women, as well as NGOs and civil society, throughout the programme in planning, implementation, monitoring and evaluation; (f) capacity-development and support for networks to enable youths as actors of change; (g) capacity-reinforcement of the Government (particularly local authorities) as well as NGOs and CBOs, to respond to human-made and natural emergencies, and of family and community coping mechanisms, and (h) capacity-development for the continuous monitoring and assessment of the evolving situation of children and women, and their rights.

Relationship to national priorities and UNDAF

25. The country programme is consistent with the national goals in the I-PRSP and supports the decentralization process outlined in the Arusha Accord. It represents the contribution of UNICEF to the first harmonization of United Nations cycles within a three-year UNDAF and contributes to the achievement of results in the six priority areas identified by the UNDAF. Recommendations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against

Women have been taken into account, as have the recommendations for Burundi of the Economic and Social Council, particularly regarding protection strategies in the transition period.

Relationship to international priorities

26. Both the country programme and the I-PRSP are founded on the principles and commitments of the Millennium Declaration, Millennium Development Goals and *A World Fit for Children*. The five MTSP priorities are integrated within the country programme, as are the CCCs in Emergencies, as applicable in transition phases. The country programme takes into account Burundi's accession to the Optional protocols to the Convention on the Rights of the Child. The programme accords with the Abuja declarations on malaria and HIV/AIDS and the United Nations Special Session of the General Assembly on HIV/AIDS, and aims to contribute to the goals of the African Charter for the Rights and Welfare of the Child. The Transition Issues for updated Core Commitments for Children are mainstreamed throughout the programme.

Programme components

27. The country programme consists of six programmes: education, health and nutrition, HIV/AIDS and youth, protection, WES, and communication. In keeping with the Transition Issues for mainstreaming emergencies, an intersectoral emphasis on flexible response enabling relief, recovery and development needs to be simultaneously addressed. Recommendations from evaluations in the education and WES sectors, and from a study on violence, have helped improve programme design.

28. In terms of geographic coverage of the programme, policy development and central Government capacity-reinforcement will take place at the national level. All other aspects of programme implementation will be supported in nine priority provinces, among host communities where most refugees and IDPs are settling.

Education

29. The programme aims to improve access for all children to quality primary education and primary school completion, especially for girls. It will support policy development, reinforcing educational capacity at central and decentralized levels, and improving community involvement in schools.

30. The programme has two projects. The first, Every Child in Primary School, aims to substantially increase enrolment, particularly for girls, through advocacy for free primary education and reduction of the teacher-student ratio, policy development and social mobilization, partnerships for girls' education, school rehabilitation and reconstruction with community involvement, school canteens, parental education and early childhood development. A transitional focus will be maintained on reintegrating out-of-school children and adolescents, including child soldiers, with support given to policy development and advocacy for improved access to services. The second project, Inclusion beyond Enrolment, aims at reducing repetition and drop-out, and improving quality through teacher development, improved supervision, curriculum revision and the inclusion of lifeskills and the development and provision of educational material. A "girl-to-girl" initiative, involving setting up peer support for girls in schools, will support

improved retention and performance among girls. Capacity-reinforcement will be provided for decentralized structures in order to improve microplanning and service delivery. An Educational Management Information System will be established, including for monitoring learning achievement.

31. UNICEF is the lead agency in basic education, orienting policy and supporting coordination of interventions in primary education, girls' education, early childhood development, parental education and youth development. UNICEF will continue to support the Government in policy, in systems development and in reinforcing partnerships, including with NGOs, civil society, community and faith-based organizations, with an aim to focus in particular on promoting girls' education. These efforts will be complemented by interventions in school rehabilitation; school construction, supported by the United Nations Development Programme (UNDP), the United Nations High Commissioner for Refugees (UNHCR), the World Bank and NGOs; and the provision of school canteens, with the World Food Programme (WFP).

32. Regular resources will be used for advocacy, social mobilization, policy development, planning and monitoring and evaluation. Other resources and CAP funds will cover educational material, curriculum development, decentralized capacity-development, teacher-training and parental education, as well as emergency activities such as school rehabilitation and reconstruction and provision of emergency education kits.

Health and nutrition

33. This programme aims to reduce the high levels of infant and child mortality and morbidity, and to reduce maternal mortality. Efforts will support family and community capacity to care for children and to demand and use health and nutrition services. Technical assistance will reinforce capacity at central, provincial and local levels in policy development, planning, management, implementation and Management of Information Systems (MIS) for improved, equitable service delivery.

34. The programme consists of three projects. The first, child survival and maternal health, includes Integrated Management of Childhood Illness (IMCI), Ante-Natal Care "plus" and emergency obstetric care, the prevention of mother-to-child transmission (PMTCT) of HIV, and psychosocial and health-care services for female victims of sexual violence. The second project, health system development and malaria control, focuses on advocacy and policy development, particularly development of cost-sharing mechanisms, in order to ensure access to basic health services for the most vulnerable. Management and MIS capacity-reinforcement will improve effective delivery of an integrated package of services. IMCI activities include malaria control, including promotion of ITNs and monitoring of the new drug policy on curative treatment. The third project, on nutrition, reinforces health-centre capacity for malnutrition detection and treatment, micronutrient-deficiency control, and community capacity development for growth monitoring and nutritional improvement.

35. The country programme advocates for and supports improved access for children and women to basic health services at health centres and in the community. Interventions will be strongly coordinated to make a maximal impact on under-five mortality. The Ministry of Health and NGOs will be the main service providers.

WHO will provide technical assistance for policy development, planning and elaboration of training materials. UNICEF will provide the following: vaccines not covered by the Global Alliance for Vaccines and Immunization (GAVI); micronutrients nationwide; and essential drugs for provinces in emergencies in which NGOs are not active. The Global Fund for HIV/AIDS, Malaria and Tuberculosis will cover the costs of anti-malarial drugs and ITNs, while the World Bank will contribute funds to cover anti-retroviral drugs for PMTCT sites. UNICEF will play a strong role in coordinating and harmonizing approaches to nutrition activities, with food supplementation provided by WFP, and funding for coordination from OFDA.

36. Regular resources will be used for policy, advocacy, communication, MIS, and surveillance. Other resources and CAP funds will cover supplies to for the expansion of services, training and vaccinations, in line with UNICEF operational strategy for reconciliation; and emergency response to epidemics and natural disasters.

HIV/AIDS and youth

37. In response to the ongoing rapid increase in HIV infection among young people, this programme aims to achieve a significant increase and improvement in knowledge of protection against HIV. It also aims to support access to preventive services for youths, and a subsequent increase in safe practices. In keeping with the Transition Issues on Core Corporate Commitments on Children and the recommendations of the United Nations Development Group (UNDG)-ECHA working group on transition issues, the programme also incorporates a contingency plan for prevention of HIV/AIDS during the reconstruction period, focusing on women and girls.

38. The programme has two projects. The first, prevention and care at the community level, aims to provide capacity-reinforcement and technical and logistical assistance to establish community networks for the prevention of HIV infection and for the support of people and families affected by HIV/AIDS, including those who are ill and orphans and other vulnerable children. Sexual and gender-based violence, particularly rape, will be addressed by establishing committees for social mobilization and psychosocial assistance in this area. The second project, youth participation and development, aims to empower young people both in and out of school to protect themselves against HIV. Technical, material and logistical support will be provided to establish 30 Youth-Friendly Health Services and 50 Community Youth Centres (CYC), to improve access to information and services for prevention and treatment and provide psychosocial support. Lifeskills will be integrated within the primary and secondary school curriculum, and STOP AIDS clubs promoted.

39. In coordination with UNAIDS, UNICEF supports the development of youth-friendly centres, lifeskills promotion, human rights-based programming and capacity reinforcement at different levels. The CNLS, with World Bank funding, will be responsible for harmonizing approaches among United Nations agencies and other partners in providing youth-friendly services and lifeskills throughout the country. The United Nations Population Fund, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and Family Health International will support prevention programmes for youth in different provinces. UNDP will

support the effort with regional capacity-reinforcement, WHO will contribute to disease surveillance and the treatment of people suffering from HIV/AIDS, UNHCR will support prevention of HIV infection among repatriates, and NGOs will contribute to the provision of psychosocial support.

40. Regular resources will be used for policy and strategy development, capacity-reinforcement, lifeskills and CYC. Other resources and funds from the CAP will be used for YFHS, and for emergency activities related to sexual violence, protection of displaced persons and safe repatriation of refugees.

Protection

41. This programme supports the creation of an environment of rights assurance, and addresses situations of violence, exploitation, discrimination, abuse and neglect that lead to extreme rights violations. These extreme violations include military recruitment of children, sexual violence, and exploitative labour, discrimination, growing up without a primary caregiver, abandonment, and prostitution.

42. The project, Protective Environment Against Violence, Exploitation and Abuse, encompasses both prevention and response. In conjunction with the preparation of the first periodic report to the Committee on the Rights of the Child, action will be triggered in the areas of legislation, dissemination of international and legal standards on the rights of women and children, policy formulation, and monitoring and evaluation. Capacity-reinforcement will be provided to develop national implementation capacity in child protection at central, provincial and local government levels as well as among civil society, universities and communities. Specific attention will be given to establishing protective networks for orphans and other vulnerable children.

43. A network of partners in the protection sector includes United Nations agencies, the World Bank, bilateral donors, the International Committee of the Red Cross and NGOs. The project approach emphasizes the development of national capacity by supporting the establishment of implementation structures where none previously existed. These include structures for the reintegration of child soldiers, mine-risk education coordination, periodic reporting to the Committee on the Rights of the Child and child-protection management among NGOs. This approach has proved valuable in ensuring a coordinated, consistent response to protection issues. This support will continue for the duration of the country programme, with further structures created as necessary in the context of demobilization and reconstruction.

44. Regular resources will cover national capacity-development, the reporting process to the Committee on the Rights of the Child, and child rights monitoring. Other resources and CAP funds will be used for technical assistance for legislative support, child soldier reintegration, mine-risk education and response to emergent situations involving unaccompanied minors and violence against children.

Water and environmental sanitation

45. This programme focuses on improving access to and the quality and utilization of water and sanitation systems in order to reduce infant and child mortality and morbidity from water-borne illness and unsafe hygiene.

46. A water supply project, interlinked with a project on hygiene and environmental sanitation, will support policy and legislative development and

capacity-reinforcement of partners at all levels, incorporating an integrated approach to the provision of water and sanitation facilities and an emphasis on hygiene. Implementation will concentrate on schools and health centres (including YFHS and PMTCT centres), with outreach to surrounding communities. Social mobilization will emphasize safe water storage and improved hand-washing practices. Community capacity will be developed through the human rights-based approach called Participatory Hygiene and Sanitation Transformation (PHAST), and committees will be established to ensure communication and information-sharing at the community level. UNICEF will support efforts by local authorities and community committees to strengthen their oversight of water systems and set policies and standards. EPR capacity, including supply provision, will be retained within the programme to respond to the needs of children and women in emergencies and vulnerable to cholera epidemics.

47. In the project, the normative role of UNICEF in the WES sector, in supporting harmonization of approaches, community capacity reinforcement and infrastructure maintenance, is complemented by UNDP support for infrastructure rehabilitation and by UNHCR for WES services for returnees. UNICEF plays an important role in supporting coordination of NGOs, and will continue to work on norms and policies with the Government, especially with the Ministries of Communal Development and Public Health, respectively, in charge of water supply in rural areas and promotion of hygiene and sanitation. The WES sector will continue to focus on nine priority provinces to improve access to Water and Sanitation facilities. Finance provided by the World Bank and other bilateral donors for social infrastructure will be used to scale-up school and health centre-based interventions.

48. Regular resources will be used for policy and strategy development, institutional capacity reinforcement, and the development and dissemination of standards and guidelines. Other resources and CAP funds will be used to build or rehabilitate water and sanitation systems, to expand school-based interventions, to respond to emergency response to cholera epidemics and to provide temporary water and sanitation supplies services in emergencies.

Communication

49. The communication programme aims to fill a general void in awareness of rights and in capacity for analysing the needs of, and demanding services for, children. The programme will support the achievement of all country programme results.

50. The programme has two projects. The first, communication and external relations, strives to improve accountability for child rights implementation and to increase the visibility of the situation of children through media capacity-development and supporting open debates in civil society. This project also aims to increase funding for programmes by arranging field visits for donors, providing them with information about the situation of children and convening meetings with donors. The second project, social communication for programme support, involves a concerted, multisectoral approach to community participation, using the human rights-based approach methodology. Capacity-reinforcement will be provided to communities in the development of integrated communication plans that will identify needs of children and families, and demand appropriate services, especially services in early childhood development.

51. A wide partnership will be developed with United Nations agencies, NGOs and CBOs, media, faith-based groups, and others to raise awareness of the situation of children and women. UNICEF will advocate strongly for the adoption of the human rights-based approach among partners.

52. Regular resources will be used to raise the visibility of the situation of children, for advocacy, documentation and development of communication plans in selected communes in nine provinces. Other resources and CAP funds will be used for extending community activities and media coverage, and for social mobilization linked to emergencies such as massive displacement of populations and epidemics.

Cross-sectoral costs

53. Programme implementation in Burundi is costly because of the security environment. Cross-sectoral costs will cover posts and core normative functions, including programme planning, monitoring and evaluation, communication, programme support and office management.

Major partnerships

54. Effective partnerships and networking will be crucial to achieving programme results. Joint programme planning will take place with UNDAF and other partners in the following areas: UNDAF partners, including WFP, for nutrition and school feeding; WHO for policy development, training and strategic support to basic service-delivery; UNAIDS for support to provincial and communal plans and YFHS; UNFPA for reproductive health; UNESCO for education; UNHCR, WFP, the United Nations Office for the Coordination of Humanitarian Affairs for EPR coordination in support of IDPs and returnees. Partners will include media and civil society, for advocacy and alliance-building as well as information dissemination, open debate and youth participation. Decentralized programming implementation will take place will local authorities, NGOs and CBOs. Social mobilization and training of programme participants will include umbrella women's and youth organizations. Activities to leverage funding will take place with the European Union, ECHO, USAID-OFDA and National Committees. Bilateral partners will include the United Kingdom Department for International Development (DFID), the Canadian International Development Agency (CIDA) as well as the Belgian, Norwegian, Swedish, Italian and Dutch Cooperation. The World Bank will assist with programme implementation and scaling-up.

Monitoring, evaluation and programme management

55. Indicators to measure programme results are detailed in the summary results matrix. Indicators will be revised and updated continually following the integrated monitoring and evaluation plan (IMEP), which is consistent with the UNDAF monitoring and evaluation plan and calendar. The IMEP will be updated each year at the same time as the CPAP, results feeding into improved programming. Indicators will be developed to monitor the mainstreaming of gender and the human rights-based approach within programme processes. Information sources include routine statistics from the National Statistics Service (ISTEEBU), *DevInfo*, United Nations data (UNHCR for repatriation, and sources others identified in the UNDAF monitoring and evaluation plan), field visits, studies, surveys, and evaluations. Multiple indicator cluster surveys will be carried out in 2005. Areas identified for

further study include: adolescent issues and lifeskills; orphans and vulnerable children; sexual and gender-based violence; and school retention and achievement.

56. The Ministry of External Affairs and Cooperation manages the country programme and will carry out annual programme reviews with sectoral Ministries. Comprehensive country programme evaluation will take place at the end of 2007.

57. The Ministry of Planning, Development and Reconstruction monitors indicators and progress towards the I-PRSP and the UNDAF. ISTEEBU will work within a decentralized framework to collect information on trends and provide valuable data on disparities. Regular monitoring of the transitional situation, feeding into the EPR, will be an important aspect of monitoring and evaluation.